Virginia HIV Community Planning Committee Application for Membership

Members are selected on the basis of a variety of factors including expertise/education, life experiences, geographic area and demographic characteristics that reflect the epidemic in Virginia. Individuals selected are expected to represent and identify as members of the populations and communities with which they are affiliated.

All information contained in this information is confidential. Applications are kept in a locked file and viewed only by community planning staff and the membership committee. Nominations are brought to the full committee for consideration without name identifiers. This application form includes demographic questions of a personal nature. Responses to these questions are optional and no inferences will be drawn from any section left blank.

If you have any questions about this application, please call Elaine Martin at (804) 864-7962.

(Please print or type)

Contact Information

Name:	Date of Application:	
Title:	Agency:	
Address:		
	Home: () Fax: ()	
Email:		
	Demographics	
Ethnicity:	Race:	
☐ Hispanic or Latino☐ Not Hispanic or Latino☐ Unknown	 □ American Indian/Alaska Native □ Black/AA □ Native Hawaiian/Other Pacific Islander □ White □ More than one race □ Unknown 	
Birth Date: month year	Age:	
Sex: □ Female □ Male □	Transgender	
Sexual Orientation: □ Bisexual	□ Gay/Lesbian □ Heterosexual	

He	ealth Status:			
	Living with HIV Mode of Transmissic Partner of person with HIV Person with hemophilia Family member or parent of person with Person with a disability:	HIV		
На	ive you ever been:			
☐ An injecting drug user (IDU)		☐ In jail or prison ☐ Homeless ☐ Living in poverty		
Ed	lucation:			
	Did not finish high school High school diploma/GED Attended some college College degree Graduate degree: Ordained Clergy: rtifications/Lisences:			
	Repr	esent	ation:	
	Faith community Non-Minority community-based organiz Local health department Academic institution Substance Abuse/Mental Health agency Other non-profit	ation	 □ Minority community-base □ State health department □ Other government agency □ Research center □ Individual □ Other: 	_
	Geogr	raphic	Area:	
Do	you consider the area you live or work in	n to be:		
	Urban metropolitan area □ Un	rban non	-metropolitan area	□ Rural

An urban metropolitan area consists of central place with an adjacent urban fringe that together have a population of >100,000 and/or an overall population density of at least 1,000 per square mile. An urban non-metropolitan area is the presence of an urbanized area with a total population < 100,000. A rural area is the population and territory outside of any urbanized area with a population of 2,500 or less.

Expertise:

Please select the category that best describes your training, experience and education. You may select one under primary and one under secondary

Epidemiologist	Behavioral or Social Scientist	Evaluation Researche
Intervention Specialist	Community Representative	Health Planner
Health Care Provider	Other	
Secondary		
Epidemiologist	Behavioral or Social Scientist	Evaluation Researche
Intervention Specialist	Community Representative	Health Planner
Health Care Provider	Other	
	Participation	
	cilitate your participation on the Committee:	
and meals are reimbursed. Lodging	y six weeks, alternating Thursdays and Fridays, in Fis provided for those residing more than 25 miles finit to this meeting schedule and make arrangements	rom Richmond. Regular
	ons based upon scientific evidence and their own ex	
	ency. HCPC members may not be Executive Directon funding from the Virginia Department of Health. I with HIV related organizations.	ors of any organization that
receives or applies for HIV prevention	n funding from the Virginia Department of Health. I	ors of any organization that
receives or applies for HIV prevention of interest, please list your affiliations	n funding from the Virginia Department of Health. I with HIV related organizations.	ors of any organization that

Involvement in HIV Work

serving on the HCPC demands a great deal of time and energy from its members. Please describe your involvemen and commitment to HIV prevention and what you would bring to enrich the group process. (You may attach additional pages and/or a resume if desired)					
additional pages and	or a resume in desired)				
	References				
	three people who can support your non one individual within the same organiz				
Name	Relationship	Phone			
	Please return the applica	Signature of Applicant tion to:			
	Elaine Martin Virginia Department of I Division of HIV/ST P.O. Box 2448, Room Richmond, VA 2321 FAX (804) 864-798	D 326 8			

*The application process is open at all times. Upon receipt of your application, VDH will send a letter acknowledging its submission. Your application will be kept in the nomination file and considered each time new members are selected (generally once or twice each year).